

ARKANSAS AGRICULTURE DEPARTMENT

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SECRETARY OF AGRICULTURE



#1 NATURAL RESOURCES DRIVE

LITTLE ROCK, AR 72205

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2011-2012 Organic Certification Cost Share Application

Application will not be accepted if certification occurred before October 1, 2011 or after September 30, 2012

*Please submit one application per certification type

For assistance please call: 501-225-1598		AAD Use Only – Date Received	
Applicant Information			
Last Name:	First Name:	Middle Initial	SSN or Federal Tax ID:
Name of Farm or Business:		County:	
Mailing Address (street, town, zip)		Home Phone #	
		Cell Phone#	
Physical Address of certified Farm or Business (if different from above) (street, town, zip)		E-mail Address:	
		Website:	
Certification Information			
Date of Certification/ Recertification		Name of Certifying Agency	
What organic products do you produce?			
*Certification Type: <i>(check one)</i> Producer, Crops <input type="checkbox"/> Producer, Wild Crops <input type="checkbox"/> Producer, Livestock <input type="checkbox"/> Processor/Handler <input type="checkbox"/>		Total Amount of Certification Costs: _____	
I certify that all the information on this application is complete, true and factual to the best of my knowledge and belief.			
Signature: X _____		Date: _____	
MAIL TO:	Organic Certification Cost Share Program Arkansas Agriculture Department #1 Natural Resources Drive Little Rock, AR 72205		To Be Included In Mailing: <ul style="list-style-type: none"> • Application • Copy of Certification • W-9 Form • Invoice from Certifier • Proof of Payment
AAD Use Only			
Date of Approval	Actual Certification Costs from Invoice(s)\$ _____ X.75=\$_____ or \$750 (circle one)		
Approved By _____			